



## STATE OF SOUTH CAROLINA

(Caption of Case)

Non-Emergency

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

218112

(FORM 1)

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-307-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

STEPHAN B GARY

Telephone:

(864) 399-9627

Address:

416 G South MAIN ST.  
Mauldin, SC 29662

Fax:

(864) 399-9628

Other:

(864) 990-6434

Email:

Steve@AlphaOneStaffing.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED  
PSC SC  
21 2009  
DOCKETING DEPT

905

## FORM C-AC

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

## Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100

- Fax # (803)-896-5199

CLASS C - ~~CHARTER~~ <sup>NON-EMERG</sup>DATE 7-20, 20 09APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Alpha One Staffing, LLC

2. (a) Street Address of Applicant 416 G South Main Street  
Mauldin S.C. 29662

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number (804) 399-9627 Fed I

3. If incorporated, a copy of Articles of Incorporation must be incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

NAMES + Addresses on Next  
Page

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: July Year: 2009

<b>Assets:</b>	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	<u>7,000</u>
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
<b>Capital Stock</b>	
<b>Retained Earnings</b>	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Greenville

I, Stephony B Gary (Name of Applicant's Representative) Operations Manager (Title)  
 of Alpha One Staffing, LLC, the Applicant for the Certificate of Public (Applicant)  
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Mauldin  
 This the 20th day of July, 2009  
Carolyn L. Duncan  
 (Notary Public)

Stephony B Gary  
 (Signature of Applicant's Representative)

Commission Expires: April 22, 2012

## EXHIBIT C

## CLASS C CHARTER

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Alpha One Staffing, LLC

For the transportation of passengers as follows:

Area to be served: Greenville, Spartanburg, Anderson and  
Pickens and Laurens, SC State wideNumber of passengers: 7Fares : \$5.00 Per mile (MAX RATE)Date 07/20/2009 07/20/2009 Stephon B. Cary  
By  
Operational Manager  
Title

Rev.10/03

**EXHIBIT D**

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Alpha One Staffing, LLC  
(Applicant)

Date: 7-20-09

Stephen B Gary  
(Applicant's Representative)

Operations Manager  
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Alpha One Staffing, LLC

(Name of Motor Carrier)

416 G South Main St Mauldin SC 29662

(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence    \$1,000,000  
b. Medical Payments/Each Person        \$1,000

**Amount of Premium:**

Liability Insurance

1,000,000

The above quoted premiums are for a term of 12 months.

Columbia Insurance Company

(Insurance Company Name)

3024 Harney Street Omaha, Nebraska 68131

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-21-09

Date

(Authorized Insurance Company Representative)

NEW

RENEWAL OF NUMBER

## COLUMBIA INSURANCE COMPANY

3024 Harney Street  
OMAHA, NEBRASKA  
1-800-356-5750☐ The Declarations  
include a second  
part

GA Code: N32728

71 APS 021245

ITEM ONE NAMED INSURED &amp; ADDRESS

BUSINESS AUTO COVERAGE DECLARATIONS

ALPHA ONE STAFFING INC  
416 SOUTH MAIN STREET, SUITE G  
MAULDIN, SC 29662

FORM OF NAMED INSURED'S BUSINESS Corporation

NAMED INSURED'S BUSINESS STAFFING SERVICE

POLICY PERIOD: Policy covers FROM 07/06/2009 4:56 PM TO 07/06/2010 12:01 A.M. Standard Time at the Named Insured's Address stated above.

## ITEM TWO — SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000 CSL	\$ 6,596
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ 1,000,000 CSL (BI/PD)	\$ 314
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$ 1,000,000 CSL (BI/PD)	\$ 314
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR OR REPLACEMENT WHICHEVER IS LESS MINUS \$ See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ Incl
SPECIFIED CAUSES OF LOSS		\$ Deductible FOR EACH COVERED AUTO	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001) Deductible FOR EACH COVERED AUTO	\$ 558
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 7,782
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE — SCHEDULE OF COVERED AUTOS AS ATTACHED			

CAROLINA INSURANCE SERVICE INC.  
WINSTON-SALEM, NC

Countersigned at

In Witness whereof, we have caused this policy to be executed and attested.

Secretary

By

AUTHORIZED SIGNATURE

President

**EXHIBIT FWA**Name: Alpha one Staffing, LLCAddress: 416 G South MAIN Street MAULDIN SC 29662Telephone No. 864-399-9627 Fax No. (864) 399-9628

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ✓ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Stephen B. Gary  
(Applicant's Signature)

Sworn to before me

At MauldinThis 20th day of July, 2009Carolyn L. Duncan  
(Notary Public)Commission Expires: April 22, 2012



***APPLICANT'S OATH***

I, Stephen B Gary, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law.(Note: This oath embraces all schedules and supplemental filings to this application.)

Stephen B Gary  
(Applicant's Signature)

Sworn to before me  
At Mauldin  
This 20th day of July, 2009  
Carol S. Duncan  
(Notary Public)  
Commission Expires: April 22, 2012

**LLC Confirmation Sheet**

Company Name: ALPHA ONE STAFFING, LLC

Business Address: 416 South Main Street  
Mauldin, South Carolina 29622

Member One: Roy F. Gary  
104 Poplar Drive  
Simpsonville, South Carolina 29681  
Financial Rights:  
Voting Rights:

Member Two: Andre L. Gary  
117 Pepper Wood Drive  
Greenville, South Carolina 29611  
Financial Rights:  
Voting Rights:

Member Three: C. Shameka Talley  
112 Cook Street  
Simpsonville, South Carolina 29681  
Financial Rights:  
Voting Rights:

Member Four: Stephon B. Gary  
22 Farmbrook Way  
Simpsonville, South Carolina 29681  
Financial Rights:  
Voting Rights:

Member Five: Clara M. Gary  
104 Poplar Drive  
Simpsonville, South Carolina 29681  
Financial Rights:  
Voting Rights:

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

FEB 13 2007

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Section 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the Limited Liability Company, which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended, is: ALPHA ONE STAFFING, LLC
2. The Limited Liability Company intends to engage in any lawful business, whether for profit or not, subject to any provision of law governing or regulating such business within this State.
3. The Limited Liability Company is a member-managed:

☒ at-will

☐ term (for a period of \_\_\_\_\_ years commencing on the date these Articles are endorsed for filing by the Secretary of State)

limited liability company. If for a term, the Limited Liability Company ☐ shall, ☐ shall not, automatically continue as an at-will limited liability company after the end of its initial term without a vote by its members. If a vote for continuation after the initial term is required, it shall be adopted only upon the affirmative vote of the then current members who own a majority of the voting rights in the Limited Liability Company.

4. The Limited Liability Company is being formed with one or more members, as provided under state laws, whose interest, participation and voting rights may be allocated between different classes of members, if any, as may be authorized under regulations duly adopted in an Operating Agreement.
5. The members, employees, officers or agents of this Limited Liability Company are not liable, solely by reason of being a member, employee, officer or agent of the Limited Liability Company for the debts, obligations and liabilities incurred by the Limited Liability Company whether arising in contract or tort, under a judgment decree, order of a court, or otherwise.
6. The Limited Liability Company shall reimburse its members or for payments made and indemnify its members or for liabilities incurred by its members in the ordinary course of the business of the company or for the preservation of its business or property.
7. The Limited Liability Company shall be initially capitalized with capital contributions made by its members who may contribute, or promise to contribute cash, property or services. The value of the capital contributions of property is the fair market value of such at the time the property is lawfully transferred to the Limited Liability Company.
8. If an interest in the Limited Liability Company is acquired directly from the Limited Liability Company upon the unanimous consent of all members, then such an additional member is entitled to all of the rights, privileges, immunities and restrictions accorded all members pursuant to these Articles of Organization and the duly adopted Operating Agreement.
9. In the event that there is more than one member at any time, and only for the time there is more than one member, no individual member of this Limited Liability Company, without the written consent of all the

Mark Hammond

ALPHA ONE STAFFING, LLC  
Filing Fee: \$10.00 ORIG  
South Carolina Secretary of State

members, shall have the authority to sign and deliver any instrument transferring or affecting the real property of the Limited Liability Company, including but not limited to land and whatever is affixed to land, unless done in the ordinary course of business.

10. In the event a member's financial rights are subjected to a charging order under the South Carolina Limited Liability Act, the Company may redeem the member's financial rights so charged, with company property, at any time prior to foreclosure of said Financial Rights in accordance with the Act. Nothing in this Article shall be construed as affecting or limiting the rights of the judgment debtor and the other members to redeem any financial rights subjected to a charging order with their own property in accordance with the South Carolina Limited Liability Act.
11. Unless otherwise unanimously agreed to by the members of the Company in writing, distributions of profits and losses from the Company shall be made in accordance with the financial rights granted to its members, assignees, or profits interest holders and not in accordance with the capital accounts or capital contributions of the members, assignees, or profits interest holders.

12. The address of the initial designated office of the limited liability company in South Carolina is:

<u>416 South Main Street</u>	<u>Mauldin</u>	<u>29622</u>
Street Address	City	Zip Code

13. The initial agent for service of process of the Limited Liability Company is:

<u>Clara Gary</u>
Name

and the street address in South Carolina for this initial agent for service of process is:

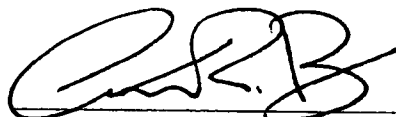
<u>104 Poplar Drive</u>	<u>Simpsonville</u>	<u>29681</u>
Street Address	City	Zip Code

14. The name and address of the organizer is:

<u>Small Business Law Firm of Payne &amp; Associates, LLC</u>	<u>1522 Lady Street</u>
Name	Street Address
<u>Columbia</u>	<u>South Carolina</u>
City	State
	<u>290201</u>
	Zip Code

15. These Articles will be effective when endorsed for filing by the South Carolina Secretary of State.

16. IN WITNESS WHEREOF, I have set my hand this 13<sup>th</sup> day of February 2007.



Signature of Organizer  
Small Business Law Firm of Payne & Associates, LLC  
Andrew R. Rogers, Esq.  
Attorney at Law

**ALPHA ONE STAFFING, LLC**

**CONSENT OF ACTION OF  
ORGANIZER TAKEN BY  
UNANIMOUS WRITTEN CONSENT  
IN LIEU OF MEETING**

**RESOLVED**, pursuant to Section 33-44-202 of the South Carolina Uniform Limited Liability Company Act of 1996, the undersigned, constituting the sole organizer of the above captioned company, a limited liability company organized under the laws of the state of South Carolina (the "Company"), hereby names the following persons, being all of the initial members of the Company if member-managed or being all of the initial managers of the Company if manager-managed, who shall complete the organization of the Company:

Roy F. Gary  
Andre L. Gary  
C. Shameka Talley  
Stephon B. Gary  
Clara M. Gary

**IN WITNESS WHEREOF**, the undersigned executes this consent effective the date the Articles of Organization are accepted by the Secretary of State of South Carolina.



Small Business Law Firm of  
of Payne & Associates, LLC, Organizer  
Andrew R. Rogers, Esq.  
1522 Lady Street  
Columbia, South Carolina 29201  
(803) 799-4567